

867566819

1A9201111111111111 28 FEB 2006

Application Data Sheet

Application Information

Application number::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: NITROSATED AND NITROSYLATED
CARDIOVASCULAR COMPOUNDS,
COMPOSITIONS AND METHODS OF USE

Attorney Docket Number:: 102258.174 US3

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: David
Middle Name:: S.
Family Name:: GARVEY
Name Suffix::
City of Residence:: Dover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 10 Grand Hill Drive
City of mailing address:: Dover
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: L.
Middle Name:: Gordon
Family Name:: LETTS
Name Suffix::
City of Residence:: Dover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 12 Abbott Road
City of mailing address:: Dover
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France

Status:: Full Capacity
 Given Name:: Manuel
 Middle Name::
 Family Name:: WORCEL
 Name Suffix::
 City of Residence:: Boston
 State or Province of Residence:: MA
 Country of Residence:: US
 Street of mailing address:: 20 Gloucester Street, No. 4
 City of mailing address:: Boston
 State or Province of mailing address:: MA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 02115

Correspondence Information

Correspondence Customer Number:: 25270

Representative Information

Representative Customer Number:: 25270

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	371 of	US04/026910	08/20/04
US04/026910	An application claiming the benefit under 35 USC 119(e)	60/498,309	08/28/03
US04/026910	An application claiming the benefit under 35 USC 119(e)	60/535,542	01/12/04

Assignee Information

Assignee name::	NitroMed, Inc.
Street of mailing address::	125 Spring Street
City of mailing address::	Lexington
State or Province of mailing address::	MA
Country of mailing address::	United States
Postal or Zip Code of mailing address::	02421-7801